Paid Family Leave Focus Group: Demographic Questionnaire 0990-xxxx

**Your “fake name” for today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# General

1. How old are you? \_\_\_\_\_\_\_\_\_
2. How many children do you have? \_\_\_\_\_\_\_\_\_
3. How old is your youngest child? \_\_\_\_\_\_\_\_\_
4. Does your youngest child’s other parent live with you? [ ]  Yes [ ]  No
5. How many people live in your household (including yourself)? \_\_\_\_\_\_
6. Are you Hispanic or Latino? [ ]  Yes [ ]  No
7. Which category best describes your race? (check all that apply)

[ ]  American Indian/Alaska Native [ ]  Native Hawaiian/Other Pacific Islander

[ ]  Asian ☐ White

[ ]  Black or African American

1. Additional comments on your race/ethnicity:
2. Which category best describes your household’s income per year?

[ ]  Less than $25,000 [ ]  $25,000-$50,000 [ ]  $50,000-$75,000 [ ]  $75,000-$100,000 [ ]  $100,000-$125,000 [ ]  More than $125,000 [ ]  Not sure

# **Employment**

1. What type of work did you do before you had your last child?
2. How much did you work? [ ]  Full-time [ ]  Part-time [ ]  Just a little bit
3. Describe your current job situation:

[ ]  Back to work at the same job/role [ ]  Plan to go back to the same job/role

[ ]  Back to work at a different job/role [ ]  Plan to go back to a different job/role

[ ]  No plans to return to work

1. If you are changing jobs/role, please describe:

|  |  |  |
| --- | --- | --- |
| 1. Would you describe your job as?
 | Job Prior to Giving Birth | Current Job*(Leave blank if not working)* |
| No | A little | Yes | No | A little | Yes |
| Physically demanding | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Mentally/intellectually demanding | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Stressful/emotionally demanding | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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# Use of Leave Benefit Programs 0990-xxxx

|  |  |
| --- | --- |
| 1. If you are back at work, how many weeks of leave have you taken?

If you are still on leave, how many weeks do you plan to take?  | Number of weeks  |
| State Disability Insurance (SDI) prior to birth |  |
| SDI post birth |  |
| Paid Family Leave |  |
| Additional employer-sponsored leave, such as sick leave or paid time off/vacation |  |
| Unpaid leave\* |  |
| Total number of weeks away from work\* |  |

\* If you don’t plan to go back to work, mark N/A

1. Did your child’s other parent receive payments from Paid Family Leave?

[ ]  Yes [ ]  No, but plans to [ ]  No [ ]  Not sure

# Health and Health-Related Behaviors

1. What type of health insurance do you have?

☐ None, uninsured  ☐ Public insurance (e.g., Medi-Cal/Medicaid, Medicare, military)

☐ Private insurance (e.g., employer-sponsored, paid by individual)

1. How would you describe your general health prior to getting pregnant?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

1. How regularly did you attend your prenatal visits?

 ☐ Always ☐ Almost always ☐ Missed some ☐ Frequently missed ☐ Never

1. How far along were you when you gave birth (in weeks of pregnancy)?

☐ Full term (37 weeks or after) ☐ 32-36 weeks ☐ 28-31 weeks ☐ Before 28 weeks

1. Since your baby was born, have you been able to see a doctor for your own health (including your six-week appointment)?

 ☐ Yes ☐ No (Why were you unable to go?)

1. Do/did you breastfeed/pump? [ ]  Yes [ ]  No
2. If yes: How long did you breastfeed/pump for, or if you are still breastfeeding/pumping, how long do you plan to breastfeed/pump? \_\_\_\_\_\_
3. How many hours of sleep do you typically get without waking up at night (i.e., # of hours of longest stretch)? \_\_\_\_\_\_
4. How many hours of total sleep do you typically get in a 24-hour period (with daytime naps)? \_\_\_\_\_\_
5. How many hours do you typically exercise in a week (including informal exercise, such as walking to bus stop, etc.)? \_\_\_\_\_
6. How often do you eat fruit or vegetables?

☐ Multiple times a day ☐ Around once a day

☐ Every two or three days ☐ Once a week or less

1. Do you smoke? ☐ Yes ☐ No
2. How many days a week do you drink more than one alcoholic drink?

 ☐ Never ☐ 1-2 days a week ☐ 3-4 days a week ☐ 5 or more days a week